

10/518

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED AFTER
IND. DEP. 1st AMENDMENT AFTER
IND. DEP. 2nd AMENDMENT

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS